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Doing Autoethnographic Drugs Research: Some Notes from the Field

Steve Wakeman

Abstract

This article is concerned with the processes of doing research with people who use drugs, as someone who has a history of using drugs. It offers a brief introductory review to autoethnographic research methods and how they might be used to enhance the practice of drugs research. Through illustrative examples from the author's own experiences of researching heroin use, the article cautiously makes the case for an increased focus upon our drug-using experiences in drugs research. The positive and negative implications of this for research methods in drug studies are discussed, as well as their potential intersections with drug policy debates.

Key Words:

Autoethnography; Biography; Drug use; Reflexivity, Research methods

Introduction

“Know Thyself” was written over the portal of the antique world. Over the portal of the new world, “Be Thyself” shall be written.

Oscar Wilde,
The Soul of Man Under Socialism

This article is concerned with the processes of doing research with people who use drugs, as someone who has a history of using drugs. It is part reflexive commentary and part methodological ‘instruction manual’, and its ultimate goal is to contribute something meaningful to the scholarly community of drugs researchers about the ways in which thinking about themselves and their drug use (past or present) can enhance their professional practice. At the time of writing, progressive policy work is underway around including the voices of people who use drugs in drug policy debates, as well as conversations beginning to emerge around the drug use of drugs researcher (see Askew and Bone (2019), Ross (2020), Harris (2015), and then Ross *et al.* (2020) and Wakeman (2014) respectively). Thus, the present article seeks to offer something of a bridge between these two developments by engaging

critically and analytically with the use of autoethnography – *the ethnographic exploration of the self* – in drugs research.

There is a need for work along these lines at present. In a journal such as this it is safe to assume that readers are familiar with the multiple problems the world faces that stem from the production, distribution, use, policing, and regulation of ‘drugs’. In the United Kingdom drug related deaths are at the highest levels they have ever been (see Mahase, 2020) and despite some levelling out in recent years, they are at historically high points in many other European nations too (see EMCDDA, 2020). In Central and Southern American nations, cartel drug production/distribution and its intersections with the activities of governments and law enforcement agencies there and in North America has cost thousands of lives over the last half a century (see Paley, 2014 for an overview). And then in nations as diverse as Canada and Afghanistan, we have seen the significant social impacts of large-scale growth in opiate/opioid use, cumulating at one end of the scale in the much talked about fentanyl crisis (see Beletsky & Davis, 2017; Kamminga, 2019; Mayer *et al.*, 2018). In short, the situation appears dire.

To compound the above issues, meaningful pathways towards reform continually struggle in what Alex Stevens (2011) has called the political economy of drug policy. That is, calls for drug policy reform are subject to the intrusions of politics and populist political whim in ways that some other social policy fields perhaps are not. One of the reasons for this is the fact that negative accounts of drug use and its potential consequences dominate political and media discourses around the subject. Challenging this *must* be a priority for drug policy reform, and it is from this starting position that the present article makes its claims. Here I want to argue that by considering our own experiences of drug use, *both good and bad*, we can help craft alternative narratives that can strengthen and complement calls for drug policy reform.

Towards these ends, the article opens with a brief literature review around the role of the self in drugs research. Here the wider social scientific developments/debates around the reflexive and narrative turns are charted alongside an overview of the ways in which they have made an impact on drugs research. Following on from this, autoethnography – or, more specifically, ‘analytic autoethnography’ (Anderson, 2006; Wakeman, 2014) – is outlined as a method by which drugs researchers can integrate their own experiences of intoxication into their work. The remainder of the article is then devoted to showing what can happen in both a positive and negative light when we do just this.

Reflexivity, Narrative, and Drugs Research

Recent years have seen an identifiable shift in drugs research whereby researchers have started to incorporate elements of reflexive practice into what they do. Reflexivity in this sense of the term is understood in multiple ways: it can be reduced down to the ways in which modern life compels citizen subjects to reflexively engage with their worlds (as in the ‘reflexive modernity’ outlined by the likes of Giddens (1990) and Ulrich Beck (1992)), and it can also be understood through the ways in which it is used to problematise identity and co-production of knowledge in the research process, largely as a result of ethnographers starting to question their role in the production of their texts (see Clifford and Marcus, 1986; Denzin, 1997). For Finlay (2002:

210), there is a rich history of this latter kind of reflexivity in social research across multiple fields: “Although not always referred to explicitly as reflexivity, the project of examining how the researcher and intersubjective elements impinge on, and even transform, research, has been an important part of the evolution of qualitative research.”

Importantly, the role of reflexive research practice in challenging uneven power structures should be acknowledged. Feminist scholars highlight the gendered nature of social research and the ways in which it reproduces masculine frames of reference (see Reinharz, 1992; Hertz, 1997). In addition to this, feminist ‘standpoint’ epistemologies have strengthened the validity of claims to knowledge that rely upon certain positionalities within complex social fields (Smith 1974; Haraway 1991; Harding 2004). The logic here is that truly reflexive practice *must* recognise the biographic features of the ‘knower’ in terms of the various intersections of their identities, their gender, their ethnicity, their social class etc. This does however present something of a conundrum in the current context; namely, what if one of those intersections involves something currently criminalised and/or stigmatised, such as the use of drugs?

Before attempting to answer such questions though, it is important to recognise the central role of ‘narrative’ in their genesis. What we call the reflexive turn in the social sciences is inextricably linked up with the debates around the role of personal narratives in research. The narrative turn, as exemplified through health sociology (see Kleinman, 1988; and Frank, 1995) involved treating the narrative accounts of people suffering and recovering from illness as artefacts of meaning from which we can learn. This was contested however, mainly through the work of the sociologist Paul Atkinson (1997) who claimed the narrative turn to be a ‘blind alley’ in that it represented a kind of ‘vulgar realism’ which privileged personal narrative and testimony as almost sacrosanct knowledge, reducing the role of all other forms of knowledge. His argument is forcefully made:

I repeat, narrative does not provide a hyperauthentic version of actors' experiences or selves. A backdoor smuggling in of romantic constructions of the self will not do. We will not produce good research on the social world by stripping out the social, replacing it with solitary voices or individualized versions of experience.

(Atkinson, 1997: 342)

In response, Bocher’s (2001) retort highlighted the importance of the debate in the context of this article: yes, narratives are constructed and told as only one form of representation among many, but they have the very real potential to transcend oppressive power dynamics between the ‘ill’ and the ‘healthy’ (or the ‘treater’) and connect the personal and the political in ways which recognise the embodied, yet socially situated nature of knowledges around experiences of things like peoples’ health. Crucially then, they can do this around drug use too.

In summary, to talk about the reflexive turn is, by implication, to talk of the narrative turn too. The debate about the role of narrative in social scientific analysis revolves around its position as either *hindering* the progress by romanticising an idealised conceptualisation of the self as being superior to all, or *contributing* to it by adding in another (previously marginalised) layer of complexity via internal narratives constructed through embodied action and reaction to the world. This debate is important in an epistemic and methodological sense and is returned to below, but it is worth noting from the outset that a common ground running between the two

poles is perhaps the most useful path forwards. This could be termed a ‘reflexive narrative’ approach, and it has the capacity to privilege the political potentials of narrative while at the same time demonstrating a reflexive awareness of their socially-mediated nature.¹

Returning for the moment however to the previously posed questions around engaging with narratives and reflexive research practices in the context of criminalised/stigmatised activities like drug use, the ‘swamp metaphor’ used by Finaly (2002) is apt. Working reflexively in the drugs field is like wading through a swamp; it is hard, involves many different paths to reach a destination, and some routes are dangerous. It is one thing to work progressively and reflexively through acknowledging privilege linked to gender, to ethnicity, employment status and the like, yet it is something entirely different to introduce an admission of drug use into the equation (this is *especially* true when the above intersections include marginalised statuses). Such work is beginning to appear however.

Of particular interest here is the US neuroscientist Carl Hart, whose 2013 text *High Price* contains accounts of his drug use. More recently, his *Drug Use for Grown Ups* (2020) makes the case for measured policy reform from a libertarian perspective based on the notion that adults have a right to use drugs for pleasure and that this does not always result in negative outcomes, he evidences this convincingly through his own use of drugs such as heroin and cannabis. Moreover, Harris (2009, 2015) provides accounts of past heroin use and the ways in which its embodied nature – even many years after desistance – can have profound methodological relevance to drugs research. And then in a similar vein, my own work has sought to tease out some of the ways in which accounts of past drug use can facilitate access to participants and help to establish rapport with them (see Wakeman, 2014, 2018). Although it should be noted that it can hinder both of these too, (as outlined further below). Most recently, Walker (2021) and Zampini *et al.* (2021) both contain details of the ways in which being open about drug use as people who research drug use has been critical in the development of their arguments.

Finally, it is important to stress the potential negative impacts of making disclosures of drug use in drugs research. Ross *et al.* (2020) have recently asked what happens when drugs researchers ‘come out’ about their drug use? They claim that there are reasons to ‘own’ and reflect upon our drug use within our research from both an epistemic – in that they help us better know things – and activist context (in that coming out can help lend measured support to policy activism and calls for change). However, these are accompanied by some serious risks inherent in this type of reflexive work; ‘coming out’ as a drug user is fraught with potentials for adverse effects on one’s personal and professional standing. Critically, one of the key claims I want to make in the present article is that *some* of these might be offset by framing such reflexive research practice as *autoethnography*.

Enter (Analytic) Autoethnography

From within the wider methodological/epistemic shifts in the social sciences described above as the reflexive/narrative ‘turns’, the method of autoethnography arose. The exact point at

¹ I am most grateful to Reviewer Three for the term ‘reflexive narrative’ employed here.

which this happened is somewhat contested; there is some evidence that the method itself was being practiced as far back as the 1930s, with Jomo Kenyatta's *Facing Mount Kenya* (1938) forming one of its earliest examples. For more on the method's history, the interested reader is directed towards Hughes & Pennington (2017), and Denshire (2014). Boylorn & Orbe's (2016) edited volume also has much to offer in this respect. The exact specifics of this history are perhaps not of primary concern here however. What *does* matter is the fact that this is a method of significant potential in the drugs field and as such, this has been noted before (see Ettorre, 2013, 2017; Perrone, 2010; Wakeman, 2014).

Important developments that helped facilitate the growth of autoethnography occurred towards the end of the 20th century when ethnographers started to think seriously about their role in the 'production' of their work. A good example of this can be found in Norman Denzin's (1997) text, *Interpretive Ethnography*. Here Denzin argued that through a highly reflexive model of ethnography: "A shared public consciousness is sought – a common awareness of troubles that have become issues in the public arena. This consciousness is shaped by a form of writing that merges the personal, the biographical, with the public" (Denzin, 1997: 282). Autoethnography is in many respects a logical elaboration of this; it is a method whereby *social* questions are asked and answered through the intersections of the personal and the public, the individual and the social, or the researcher and the researched.

More precisely, autoethnography can be understood as "cultural analysis through personal narrative" (Boylorn & Orbe, 2016: 17), or as "a form of self-narrative that places the self within a social context." (Reed-Danahay, 1997: 6). Perhaps most comprehensively however, it can be understood as:

a research approach that privileges the individual. It is an artistically constructed piece of prose, poetry, music or piece of artwork that attempts to portray an individual experience in a way that evokes the imagination of the reader, viewer or listener.

(Muncey, 2010: 2)

Muncey's definition neatly encapsulates the scope of autoethnography, and it is this conceptual depth that has led to my own understanding of it as more of a *methodological sensibility* than an actual research method in the traditional sense of the term (see Wakeman, 2014). What I mean by this is it is perhaps as much a way of *thinking* about the research we do as it is an actual method for doing research. It is a way of thinking about our research that seeks to transcend ideas of reflexive awareness of our role in the production of knowledge by deliberately and purposefully placing our role as people at the *very centre of the research process*.

Importantly at this point, it is critical to note the disjuncture between autoethnography broadly understood, and what Leon Anderson (2006) has very precisely called 'analytic autoethnography'. Autoethnography as a method of doing research in the social sciences has at times attracted negative opinion due to its highly subjective and emotionally-based nature. Some of this is fair, some of it less so. The specifics of such critique are not necessarily of concern here (and are omitted due to the confines of space), yet it *is* important to stress that many of them can be negated simply by recognising that there are many different types of autoethnography. In *Interpretive Autoethnography*, Denzin (2014) recounts 15 different

variants of the method (and intimates that his list is not exhaustive). While a diverse mix, these variations can (somewhat crassly perhaps) be reduced down to a distinction between evocative and *analytic* autoethnography.

In short, evocative autoethnography is about highly subjective readings of personal experiences and is conducted with a view to evoking the emotions of its reader. One of the very best examples of this sort of autoethnography can be found through the pioneering works of Carolyn Ellis (1997, 2004). This sort of autoethnography is beautiful and powerful in equal measure. Yet, in a special issue of the *Journal of Contemporary Ethnography*, Leon Anderson (2006) presented a vision of an *analytic* autoethnography that stood as a kind of ‘friendly oppositional figure’ to its evocative counterparts. The goal in *analytic* autoethnography is somewhat different to that of Ellis’ autoethnography; the core of the analytic tradition involves the asking of critical questions about the social world, *through* the individual self. Whereas evocative autoethnography is about what we can learn from subjective experiences, analytic autoethnography is about how we can take that learning and ask wider reaching critical questions of our external worlds.

To conduct analytic autoethnography, researchers need to work with five key principles mapped out by Anderson (2006) which I have built upon in my own work (see Wakeman, 2014, 2018, 2019). These are as follows: (1) ‘complete member researcher’ – here the analytic autoethnographer needs to be a member of the group studied, either by past or present participation or current ‘closeness’ (physical and/or emotional); (2) ‘analytic reflexivity’ – this simply means the autoethnographer thinks critically and analytically about their own experiences as part of the fieldwork process; (3) ‘narrative visibility of the self’ – in analytic autoethnography, the researcher writes themselves into their output (my words/thoughts/feelings are visible in my work); (4) ‘dialogue beyond the self’ – this is the key difference between analytic and evocative autoethnography, in the analytic tradition there *must* be participants whose voices and experiences are complemented by that of the researcher; and (5), ‘a commitment to theoretical analysis’ – this is the epistemic core of analytic autoethnography and involves a commitment on the part of the researcher to theoretical advancement/refinement and/or critical development. Analytic autoethnography is a *transformative* practice; it is about making research data *do more* through the inclusion of the self, with a view to pushing knowledge/theory/debate forward along progressive lines. In what follows, I will attempt to demonstrate this in practice.

Be Thyself: The Potentials and Pitfalls of Autoethnographic Drugs Research

To provide some context to what follows, I have a history of problematic drug use. While this was quite some time ago, it is still colours everything that I do and know in relation to drugs. Heroin and crack cocaine formed the basis of my ‘problem’, but alcohol was significant too. Because of this I have remained in a state of abstinence from all three for many years. For the purposes of clarity, I used to be involved with 12-step recovery groups, but have not been for over a decade and I *do not* consider myself to be ‘in recovery’ from anything (nor do I think

addiction is a disease). I find abstinence a workable solution to my issue and quite like it – *I do not think anyone else should ever be expected/required to abstain from anything.*

Furthermore, I need to stress that I am painfully aware of the privilege attached to my status (*alongside* that afforded to me by fact I am a white, middle class, able-bodied, cis, heterosexual man). As an ‘ex’ or ‘former’ drug user, my script is one of redemption and recovered social acceptability; it is one of social approval and in some circles, affords me a platform that I am almost certain I do not deserve. The voices of current heroin users however are unlikely to be met with the same sort of response. And, as Ross (2020: 239) astutely notes, the voice of the ‘happy drug consumer’ is rarely if ever regarded in ways that can be considered ‘legitimate’. This is hugely problematic in the policy context and while I do not have space to address it directly here, I wish to note that I recognise the issue.

The above considered then, what follows below is based upon a programme of research around heroin in the UK which the interested reader can follow up in Wakeman (2015) and (2016). Methodologically speaking, the work was conducted using ethnographic methods on a housing estate in England’s North West across 2012-2014, further details around this project and the impacts of my drug use on it can be found in Wakeman (2014).

The Potentials of Autoethnographic Drugs Research

As alluded to above, there are some significant potentials attached to owning our experiences of drug use and its associated cultural practices, and then deploying them intellectually in our work. These can be divided along two lines: there are *practical* advantages in terms of how research is done; and there are *theoretical/epistemic* advantages in terms of what we can learn from it. That is, ‘being’ ourselves by owning our drug use can help us *do* our research, and it can have an impact upon what we come to *know* through it. To illustrate the former first, a brief example from early in my fieldwork is useful.

While new on the estate, news of my activities had travelled fast. Some people were happy to tolerate me being around, others were less so. An ability to read which was which quickly, proved to be very useful. One individual stands out in this respect; he was *very* keen to spend time with me. When we first met he spent a lot of time talking about the length of his heroin habit, the things that had happened to him as a result of it, and the fact that he had kept a detailed diary that I would be welcome to read if I wanted to. To a new ethnographer seeking to establish himself in a fieldwork setting, this is the kind of participant one would dream of. However, I understood something here to not be quite right.

This individual had intentions to steal from me, and his invitation to his home was purely to facilitate this. Here I used my ‘complete member researcher’ status to feel, recognise, and then act upon my biographic-emotive response to this man. As a heroin user on an estate very similar to the one I was now conducting research on, I learned quickly to predict who was to be trusted, and who was seeking to victimise me. I learned this lesson the hard way more than once. Violent victimisation is common in some drug using circles (see Koo, Chitwood & Sánchez, 2008), and those who stay on these scenes learn to anticipate it. In embracing this prior learning I was able to do the same as a researcher.

To be clear, this is not to say that someone who did not share my biography would not have reached similar conclusions, it is merely to point out that I was able to do so quickly and effectively *because of who I am*. This is not something to be hidden away in our research, but

centralised and used to our advantage. When framed through the model of analytic autoethnography, it is easy to see how ‘complete member researcher’ status and ‘analytic reflexivity’ come together to provide a means by which some of the complex practicalities of researching people who use drugs can be navigated through our experiences of using similar drugs and living associated lifestyles.

It is important to stress though that this is about more than a shared experience of intoxication, it is about a biographic familiarity with the cultural practices of the group I am working with. In the above example, in a very short space of time, a lot goes on internally: I ‘tune in’ to the physical environment in which I am set (I quickly note that the route to this man’s home which he is gesturing towards is down an alleyway); I read the physical cues I see on the faces of the other two people present (their uneasy glances towards each other indicate something is about to happen); I recognise a subtle change in his speech (I hear a degree of desperation for me to accompany him that was not present previously). All of this is part of my complete member status – it is a form of embodied recognition that steers what I do in response, and is the reason why I was not robbed that day.

Critically at this point, I need to stress the fact that merely presenting the above as I have here is *not* enough to constitute autoethnographic practice. As it stands, this is more akin to a reflexive account of positionality in my fieldwork. To do analytic autoethnography involves working with key principle three from above: ‘narrative visibility of the self’. In a write up of this example that is truly autoethnographic, I would include the same story from my past were I was greeted positively by a small group of heroin users while looking to score heroin myself, told enthusiastically by them about the ‘best gear in town’ on another estate, promised an introduction to the dealer, and then viciously assaulted and relieved of my money, cigarettes and mobile phone the moment we entered a section of the underpass not covered by CCTV cameras. To do analytic autoethnography is to tell both stories *concomitantly*, and to ask what can be learned from their intersecting narratives that can push knowledge forwards.

There is however, more to this than the practical elements outlined above – there are significant *intellectual* potentials to be realised here too. Simply put, practicing autoethnography when doing research with people who use drugs can help us reach more sophisticated understandings of this phenomena. Importantly though, it is worthwhile to state that none of what follows here would meet any sort of scientific standards of ‘proof’; it is not replicable, it is not generalisable, and it cannot be counted or quantitatively codified either. This does not mean that it cannot underpin valid arguments however, or act as a useful resource to drug policy activism. In this respect, there is a great deal of epistemic crossover between analytic autoethnography and the arguments of critical realist philosophers like Bhaskar (2008) and Archer (1998) who hold that the social world exists meaningfully and materially above and beyond of human perception, but its ‘knowable’ essence remains out of our epistemological reach.

To put this into context, in Wakeman (2014) I outlined the experience of watching someone injecting themselves with heroin. I try to paint a visceral picture of the event, one that involved a lot of blood, sweat, anger and desperation as the attempted injection did not go to plan. This is a reality of intravenous drug use that is perhaps not talked about enough (although some have recognised it, see Harris and Rhodes (2012) for example). On this particular day I watched this individual gamble with the small amount of heroin he had; he was unable to find a vein

and each failed attempt introduced more blood to the syringe risking the heroin inside. The *sensible* thing to do in such an instance, the ‘rational choice’ to make here, is to ‘skin pop’; this type of intramuscular/subcutaneous injection would give him the *effects* of the heroin he *needs* (i.e., it would stave off his withdrawal symptoms). However, it would *not* give him the rush an intravenous injection gives, it would not give him the ‘hit’ that he *wants*.

The question is then, what can be gleaned from this through an autoethnographic reading of this as opposed to a standard reading of the situation as observed by an ethnographer/qualitative researcher? To answer it, I first engage it through the principles of analytic autoethnography and set it in the context of my own story/stories of desperation and harm. I position my experiences of similar situations – of being willing to subject myself and others to multiple harms to get something that I *want* over and above something that I *need* – as being just as analytically important as the story I am observing. Again, this article is not a piece of autoethnography itself, but rather is designed to make the case for this type of analysis in that it offers an opportunity to rethink some prevalent ideas about the rationality of drug use, drug consumption practices, and possibly even ‘addiction’ itself.

The intersections of the scene I witnessed that day and my own narrative account provide an intellectual space in which questions can be asked of dominant knowledges in the drugs field. Becker and Murphey’s (1988) ‘rational addict’ thesis for example, where the addicted individual simply negotiates her/his way through their drug use by way of a series of cost/benefit-style decisions can be brought into refutation here. Watching blood and sweat infuse in a pool of desperation beneath a man trying against all reason to achieve something that looks less realisable with every passing second, instigates a powerful emotive reaction deep within myself (one which is *directly* tied to my past as a heroin user). The results of this reaction, set alongside the observed/collected/experienced ‘data’ of the event, reveal instead the *irrationality* of addiction manifested through the apparent *absence* of a choice that some people seem to experience.

There is no choice here, not for the ‘real addict’ (see Wakeman, 2015). *Being* a heroin user is about more than administering heroin. Chasing the hit, the seductions of heroin’s sensual effects – these are critical to understanding the complex phenomena of this type of drug use. My argument is that autoethnographic methods give us a means by which such understandings might be achieved. They can come through the co-construction of the less visible, emotive features of this kind of drug use that are tapped into through autoethnography. The core claim here is this: if the researcher’s experiences can be aligned with what is observed/recorded in the field, a narrative account of addiction, hedonism, controlled consumption practices, or whatever it is we might be looking at as drugs researchers, can be formed through analytic autoethnography with the potential to add something novel and innovative to policy debates.

The Barriers to Being Autoethnographic in Drugs Research

The above considered however, there are some difficulties that need to be factored in here before moving any further. The use of autoethnographic methods is rarely (if ever) straightforward and including ourselves in our research projects only complicates many of the ethical dilemmas that qualitative research already presents. It is for these reasons that any argument for the increased use of autoethnography as a research method/methodology – such as those the present article is making – *must* contain due consideration of the potential negative

impacts that can accompany it. Simply put, this is a research method unlike many others and because of this, it can cause problems unlike many others. Like the positive potentials outlined above, these issues can be understood as both practical and intellectual at the same time; the difficulties are of praxis and epistemic concomitantly.

In terms of the practical difficulties would-be autoethnographers are likely to encounter, the first and foremost of these is somewhat obvious in that discussing ones' drug use will inevitably open them up to all kinds of social and professional stigma. This is not to be taken lightly. Some scholars in years gone by might have been able to talk relatively freely about their drug use (see for example, Timothy Leary's work), but as Ross *et al.* (2020) remind us, the US anthropology professor Ansley Hamid was dismissed from his job at a New York university after admitting spending grant money on heroin for participants. In this instance the issue of *use* was not even at the forefront of the problem. Simple involvement in the market for drugs, while funded by the National Institute on Drug Abuse, was enough to cost this professor his job.

In the UK at least, there is no law against taking drugs (the breach of the criminal law is to be in *possession* of them). However, to admit to doing so whilst employed in a privileged position such as a university lecturer/researcher will undoubtedly leave one vulnerable to the whims of political agendas and negative media coverage; both of these are things that senior management figures at UK universities are somewhat averse to. There is also something to be said about the relative privilege enjoyed by some members of the academy over others. While it is not beyond the realms of possibility that an established old male professor could survive a story of recreational drug use, it is less likely a junior research assistant of early career lecturer would be able to do the same, particularly if the scholar in question was female and/or of colour.

Taken together, the above is not really the most complex set of ideas readers will encounter today; it is professionally unwise to admit to involvement in criminalised activities and most people know this. However, there is more to this than meets the eye in that there are epistemic and ethical issues that rise to the fore when discussing our own drug use as well. To deal with the latter first, it is frequently the case that drug use does not occur in isolation. While the advanced stages of my heroin use became lonely and isolating, I experienced this as more of an *emotional* than *physical* phenomenon. Importantly, other people were close to me at times, and in admitting to *my* use and centralising it in my research, I run the risk of invertedly identifying them and potentially causing guilt by association. In some instances, this could have very serious consequences for them (it is not just university managers that dislike negative press). When analytic autoethnographers employ 'participants beyond the self' they do so at increased risk to said participants compared to more traditional ethnographic methods that may not involve discussion of the researcher's own drug use. Simply put, it is harder to protect and maintain a participants' anonymity when you loudly and clearly forgo your own.

In a similar vein, there are epistemic issues that warrant some consideration here too. In basic terms, there is the very real possibility that our own experiences cloud our vision and shield us from alternative understandings/realities. In my case, I use my experiences of heroin addiction to question dominant understandings of the phenomenon and the role of choice and control within it. However in doing so I run the risk of pathologising others and, by imposition, presenting my case as *the* case through which all others ought to be understood. This is far from ideal, and itself has ethical implications attached to it at the same time. The scenario is

neatly outlined and defined in the works of the American sociologist Randol Contreras (2013, 2019a, 2019b) who has described it as a ‘representational dilemma’. His ideas are most useful in the present context.

Resolving Representational Dilemmas

In his exceptional book, *The Stick-Up Kids*, Contreras (2013) outlines his experiences as a man of colour researching the violence associated with inner city New York drug markets. Crucially here, Contreras himself grew up in this location and prior to becoming a sociology professor, earned a living through his involvement with this drug market. In returning to conduct research with people who had lives and experiences just like him, some of whom were his friends, Contreras experienced a particular ethical dilemma associated with his work. Namely, the fact that in describing honestly and faithfully the types of violence and criminality that he was seeing, and that he knew from his own experiences people were engaging with, he was running the very real risk of feeding populist discourses about minority ethnic groups in such locations and their criminal proclivities. That is, if he ‘calls it as he sees it’, he risks inadvertently adding fuel to the fires of racism and discrimination that surround such groups in the US. Crucially, there is a parallel here to be drawn with autoethnographic accounts of drug use.

My representational dilemma in using my own experiences of heroin is based around the following realities: (1) I developed a problem with heroin and crack cocaine and was unable to effectively control my use of them; (2) this *can* be used in autoethnography in such a way that it might challenge some prevalent theories of this type of drug use; yet (3), doing so runs the risk of feeding unhelpful and regressive discourses about drug addiction. That is, while there is certainly something critical to say about rationality-based and choice-focused theories of addiction through my work, saying it might unintentionally feed into repressive ideas of addiction as enslavement. The dilemma is one of representation in that I am *representing* heroin use through my own experiences of it, as they intersect with what I see/hear about during my fieldwork.

In context, I have spent many hours being told by people who take heroin that they *are* in control of their use, that it is moderate, and that they can choose when/when not to take it. Yet, in some instances I get an uncomfortable feeling in my stomach (based on moments of emotive and/or embodied identification) that this might not be true. Such feelings have been proven to be accurate by peoples’ behaviour being out of line with their words more times than they have been wrong. I feel these feelings because of the many hours that I too have spent *telling* people that I could control my heroin use, that it was in moderation, that I could stop as and when I needed to. Yet, I would say these things whilst hiding a painful realisation deep down inside myself that I could not. I fully recognise however that I am a minority here, and that *my* experience is not a marker for other peoples’ in and of itself. The extent to which I allow these feelings to guide me intellectually then, is the essence of my representational dilemma.

In terms of resolving such a dilemma, if there is a solution to be found it is in *balance*. Analytic autoethnography involves a commitment to theoretical development and refinement; it is about making the data that we collect in the field ‘do more’ through its intersections with our own thoughts, feelings, experiences, and understandings. The navigation of the multiple dilemmas that this will involve is the essence of ethical autoethnographic practice. The risks inherent in ‘owning’ our experiences of a criminalised activity are very real and meaningful,

but at the same time, if it is possible that they might help push knowledge forwards and make the case for measured drug policy reform, then it is arguably the case that they might be outweighed by their benefits. Such a call is for each would-be autoethnographer to make for themselves.

Towards Some Conclusions

In drawing this article to a close it is worth restating that its ultimate goal was exploratory rather than conclusive in nature; the purpose of this piece was to think critically and analytically about what *might* happen if drugs researchers were to write their drug using experiences into their research, and then provide a road map to achieving this if it were deemed desirable through the method of autoethnography. In short, this piece was about thinking through the issues connected to this, rather than actually doing it *per se*. This considered, I hope the above has demonstrated some of the real potentials attached to the use of autoethnography in drugs research alongside some of the ways in which it might be done.

By way of some conclusions however, I want to reiterate two important sets of ideas: those around the privilege attached to ‘being autoethnographic’ in this context, and those connected to potential outcomes in the policy field. Critically, they are connected. In relation to privilege, I wish to stress again that I am mindful of mine. Autoethnography is a method of great privilege and responsibility, this must be acknowledged as an ethical imperative. This is because of the responsibilities attached to writing about the lives and experiences of others through our own. Where voices can be so easily co-opted and aligned with the ideological underpinnings of certain policy agents, there is potential for harm to both the researcher and the researched (as well as the wider drug using population). For example, one of the more unfortunate impacts of me disclosing my past use came early in my research when I did so at an agency that was helping me secure access to local people who used heroin. Upon learning of my identity, they asked if I would talk with some of their service users about the benefits of coming off their methadone prescriptions. When I said I was unwilling to do this as I did not think it was my place, the organisation in question stopped taking my phone calls. This is just one example of the complex dynamic at play here: being ourselves has a wide array of potential outcomes and impacts, and due consideration is warranted across them all for their potential harms, as well as any good that might ensue.

Herein lies the essence of my closing arguments: there is potential in autoethnography to frame our experiences of drug use as meaningful in the context of our research. However, to do so carries certain risks in the current climate of drug policy’s political economy that may outweigh these benefits. Disclosure of drug use through this method has many potential impacts – both positive and negative – that extend across our personal and professional lives. The point of a short paper such as this is not to resolve these issues, but to help carve out a space in the ‘new world’ that drug policy reform is trying to achieve whereby there *is* room for being ourselves, and there *is* room for the personal narratives of drugs researchers to be heard as meaningful sources of knowledge in and of themselves.

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